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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 100727-53 FY 2005 (Fees pursuant to the Consolidation appropriations Act, 2005 (H.R. 4818).) Filed Application Number 10/628,828 July 28, 2003 For DEVICE FOR ELECTRODEPOSITING METALLIC, PROSTHETIC, MOLDED, DENTAL COMPONENTS Art Unit Examiner L. Van This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate fee are as follows (check time period desired and enter the appropriate fee): Fee Small Entity Fee \mathbf{X} One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ 120.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.26. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-1263. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number_ attorney of agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 33,141 September 18, 2006 Signature Date <u>KURT G.</u> BRISCOE <u>(212) 808-0700</u> Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than on signature is required, see below.

101113 CHO OI 101113 CHO STORY I Tale SHOUTHLE COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box ending upon

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forms are submitted.